



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 22 AM 11:14:28

Annual Report for the year: 2025

Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000505913		2. Exact name of the Corporation North Providence Smithfield Babe Ruth League, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation of youth baseball league			
4. NAICS Code 713990					
6. Principal Office Address 40 Power Road			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Zammarelli			Vice-President Name Eric Seaberg		
Street Address 40 Power Road			Street Address 39 Austin Avenue		
City Pawtucket	State RI	Zip 02860	City Greenville	State RI	Zip 02828
Secretary Name Mary Zammarelli			Treasurer Name Gerard Dandeneau		
Street Address 305 Pleasant View Avenue			Street Address 10 Watauga Avenue		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis Zammarelli			Director Name Gerard Dandeneau		
Street Address 40 Power Road			Street Address 10 Watauga Avenue		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Director Name Eric Seaberg			Director Name		
Street Address 39 Austin Avenue			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Louis Zammarelli					Date 4/22/25
Signature of Officer/Authorized Representative 					FILED APR 22 2025 BY 25844 AA.

MAIL TO:
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